

**D.N.J. LOCAL FORM 9**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

TO: JAMES J. WALDRON, CLERK

CASE NO.17-25686(MBK)

ADV. NO.

IN RE: Susan Hendrix

CHAPTER 13

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INFORMATION FOR NOTICE OF SETTLEMENT OF CONTROVERSY

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William H. Oliver, Jr, attorney for Debtor proposes to settle a claim and/or action, the nature of which is described below.

If any creditor or other party in interest has an objection to the settlement, the objection and request for a hearing on

Such objection shall be in writing, served upon the person named below and filed with the Clerk of the United States Bankruptcy Court.

Such objection and request shall be filed with the Clerk and served upon the person named below no later than May 21, 2019.

In the event an objection is timely filed a hearing thereon will be held on *May 28, 2019 at 9:00 a.m., Courtroom #8*

If no objection is filed with the Clerk and served upon the person named below on or before twenty days from the date of this notice, the settlement will be consummated as proposed on or after twenty-five days from the date of this notice.

The nature of action and the terms of the settlement are as follows:

NATURE OF ACTION	PERTINENT TERMS OF THE SETTLEMENT
Claim action against Anderson, et als., for a personal injury action.	Debtor's net proceed is \$129,715.35 as outlined in the attached Settlement Agreement and Release. Debtor to receive exemption amount of \$36,349.90; Chapter 13 Trustee to receive disbursement in the amount of \$56,371.30 representing payoff to claims filed and trustee fee (trustee fee can be adjusted if deemed necessary). Any remaining funds are to be distributed to the debtor.

Request for additional information about the nature of the action or the terms of the settlement should be directed to:

NAME: William H. Oliver, Jr., Esquire

ADDRESS: 2240 State Highway 33, Ste. 112, Neptune, NJ 07753

TELEPHONE NO: 732-988-1500

SUBMITTED BY: POSITION: Debtor's Attorney PHONE: 732-988-1500

DATED: 05/02/2019

SETTLEMENT STATEMENT

Hendrix v. Anderson

Settlement Amount	\$200,000.00
Costs (see attached)	<u>\$ 5,426.98</u>
	\$194,573.02
Attorney's Fees 1/3	<u>\$ 64,857.67</u>
Net to Client	\$129,715.35

*Sgt Hendrix*

4/5/2019

**RELEASE**

This Release, dated 5th of April 2019 is given

BY the Releasor(s) Susan J. Hendrix social security number(s)

Referred to as "I"

TO Nelson R. Heinrichs, Jr.

Referred to as "YOU"

If more than one person signs this Release, "I" shall mean each person who signs this Release.

1. **Release:** In consideration for the payment referenced below, I release and give up any and all claims and rights which I may have against you. This releases all claims, including those of which I am not aware and those not mentioned in this Release. This Release applies to claims resulting from anything which has happened up to now. I specifically release the following claims:

Any and all claims for monies or damages arising from personal injuries, medical and hospital expenses, lost income, and derivative claims, or any other rights I now have or may hereafter have by reason of or arising from an accident which occurred on 01/10/2017 and which incident was the subject of an action in the Superior Court of New Jersey, Law Division, Ocean County, bearing Docket Number OCN-L-1539-17, which action has been or will be dismissed with prejudice.

It is expressly understood and agreed that the acceptance of the said amount is in full accord and satisfaction and in compromise of all disputed claims and that the payment thereof is not an admission of liability, but is made for the purpose of terminating all disputes and litigation between these parties.

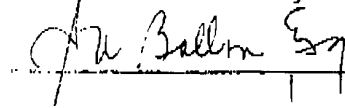
I agree to satisfy and personally guarantee payment for any and all liens, including but not limited to liens asserted by any workers' compensation insurance carrier or governmental entity, including but not limited to Medicare and/or Medicaid, that has paid any benefits to or on my behalf, out of the monies you are paying pursuant to this Release. I further agree to satisfy any and all child support judgment liens, and unpaid medical bills of any medical provider or facility out of the proceeds of this settlement. In recognition of my obligations to satisfy all such liens out of the monies being paid pursuant to this Release, I further agree to indemnify and defend you, your attorney's and your liability insurance carriers from and against any and all claims made or actions filed against you, your attorneys, or your liability insurance carriers for payment of any such liens. I further acknowledge that I have specifically discussed this provision of this Release with my attorneys.

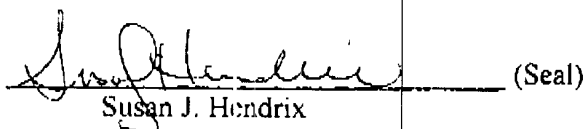
2. **Payment:** I have been paid a total of Five Thousand Dollars (\$5,000.00) in full payment, in consideration for making this Release. I agree that I will not seek anything further including any other payment from you or your insurance company.

3. **Who is Bound:** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my heirs or the executor of my estate is also bound. This Release is made for your benefit and all who succeed to your rights and responsibilities, such as your heirs or the executor of your estate.

4. **Signatures:** I understand and agree to the terms of this Release. If this Release is made by a corporation its proper corporate officers sign and its corporate seal is affixed.

Witnessed or Attested by:

  
\_\_\_\_\_

 (Seal)  
Susan J. Hendrix

\_\_\_\_\_  
(Seal)

STATE OF NEW JERSEY, COUNTY OF

ss:


I CERTIFY that on 20 ,

Susan J. Hendrix personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

4/5/2019  
Notary Public

Prepared by:

  
\_\_\_\_\_  
Brian M. Brodowski

CHERYL A. HANINAM  
NOTARY PUBLIC OF NEW JERSEY  
Comm. # 50058117  
My Commission Expires 4/5/2022

CLAIM NO. 2017-674483

**RELEASE**

This Release, dated April 5, in the year 2019 is given

By the Releasor(s)

**Susan J. Hendrix**

referred to as "I",

TO: **Roy J. Lavella and New Jersey Manufacturers Insurance Company**

referred to as "You".

If more than one person signs this Release, "I" shall mean each person who signs the Release.

1. **Release.** I release and give up any and all claims and rights which I may have against You and your insurance carrier(s) for damages arising from the incident (hereinafter the "Incident") that occurred:

on 01/10/2017 at or near Toms River, New Jersey, and is the subject of an action bearing docket number OCN-L-1539-17.

This releases all claims, including those of which I am not aware and those not mentioned in this Release, that I may have against You as a result of the Incident.

2. **Payment.** I have been paid a total of \$50,000.00 (FIFTY THOUSAND DOLLARS), in full payment for making this Release. I agree that I will not seek anything further including any other payment.

3. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my heirs or the executor of my estate, is also bound. This Release is made for your benefit and all who succeed to your rights and responsibilities, such as your heirs or the executor of your estate.

4. **Hold Harmless.** For and in consideration of the above sum, I hereby agree to defend, indemnify and hold harmless You and your respective insurance carrier(s) from and against all claims, joint tortfeasor actions or demands for payment which have been or hereafter may be asserted, for contribution and/or indemnification, which may apply to damages sustained by the Releasor(s) arising from this Incident.

For and in consideration of the above sum, I hereby agree to satisfy all liens or encumbrances which may apply to the above sum, including but not limited to, medical providers, hospitals, insurance companies, benefit plans, Medicare, Medicaid, Workers' Compensation liens, government liens and any and all subrogation claims and hereby agree to defend, indemnify and hold harmless all of the above named Releasees and their insurance carrier(s) against any further liability for the satisfaction of any such liens or encumbrances.

5. **Signatures.** I understand and agree to the terms of this Release. If this Release is made on behalf of a corporation or other entity, I affirm that I am authorized to sign on behalf of said corporation/entity.

Susan J. Hendrix 4/5/2019  
Susan J. Hendrix Date

Harvey Ballou  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

STATE OF NEW JERSEY)

ss:

COUNTY OF OCEAN )

I CERTIFY that on 4/5/2019, Susan J. Hendrix personally came before me and acknowledged under oath, to my satisfaction, that this person (or, if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

Cheryl A. Hannam

CHERYL A. HANNAM  
NOTARY PUBLIC OF NEW JERSEY  
Comm. # 50058117  
Commission Expires 4/5/2022

**RELEASE**

**Insured:** ABDULLAH ANDERSON and ABDULLAH ANDERSON JR  
**Claimant:** SUSAN HENDRIX  
**Policy Number:** TCA00001001879  
**Claim Number:** 026001491360  
**Date of Loss:** Tuesday, January 10, 2017

**THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING STATEMENT BE PROVIDED:  
ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE  
OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

For and in consideration of the payment to me/us of the sum of **One Hundred Thousand** Dollars (\$100,000.00) and other good and valuable consideration, SUSAN HENDRIX, being of lawful age and sound mind, have released and discharged, and by these present do for myself/ourselves, my/our heirs, executors, administrators, successors and assigns (Releasors), release, acquit and forever discharge ABDULLAH ANDERSON ABDULLAH and ANDERSON JR and TEACHERS INSURANCE PLAN and their heirs, executors, administrators, successors and assigns (Releasees) of and from any and all actions, causes of action, claims, or demands for damages, costs, loss of services, expenses, compensation, consequential damage or any other thing whatsoever on account of or in any way growing out of any and all known and unknown bodily injuries, personal injuries, death and property damage resulting or to result from, an occurrence or accident that happened on or about Tuesday, January 10, 2017 at or near GARDEN STATE PWKY NEAR EXIT 82 A LAKEWOOD OCEAN/NJ under Docket No. OCN-L-1539-17 filed in the Superior Court of New Jersey, Law Division, OCEAN County.

In further consideration of the above described payment, I/we release and forever discharge the Releasee(s) against any indemnity or contribution claims that have been or may be brought by any person, firm or corporation which may arise out of the above referenced accident or occurrence.

The Releasors hereby discharges and agrees to indemnify and save harmless the Releasees from any liens asserted by any health care carrier, health care provider, hospital, insurer or attorney for medical expenses, hospital expenses, lost earnings, payments, attorneys liens, subrogation claims or liens, any workers compensation liens, any Welfare liens, any public assistance liens, any Medicare liens, or Medicaid liens, or any child support liens to the extent required to be paid in accordance with the law, which is a result of this accident or occurrence or against the Releasors whether or not it pertains to this accident or occurrence.

The Releasors hereby certify and represent to the Releasees that they have fully disclosed the name, address, telephone number, policy number, claim number, and docketed judgment number of any such lien as well as the amount claimed, as a result of this accident or occurrence or against the Releasors whether or not it pertains to this accident or occurrence. The undersigned further agrees, represents and certifies that he/she/they will pay the fully agreed upon amount of any lien asserted as outlined above directly out of the proceeds of this settlement. The undersigned hereby further agrees to indemnify and hold harmless the Company from any future lien which has not been previously made known to the parties herein.

Except as may be specifically set forth below, it is understood and agreed that all rights under any statute that provides as follows, "Certain Claims Not Affected by General Release – A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor", are hereby expressly waived.



I/we hereby acknowledge and assume all risk, chance of hazard that the said injuries or damage may be or become permanent, progressive, greater, or more extensive than is now known, anticipated or expected. No promise or inducement that is not herein expressed has been made to me/us, and in executing this release I/we do not rely upon any statement or representation made by any person, firm or corporation, hereby released, or any agent, physician, doctor or any other person representing them or any of them, concerning the nature, extent or duration of said damages or losses or the legal liability therefore.

I/we understand that this settlement is the compromise of a doubtful and disputed claim and that the payment is not to be construed as an admission of liability on the part of the persons, firms and corporations hereby released by whom liability is expressly denied.

This release contains the Entire Agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act.

CAUTION: READ BEFORE SIGNING

Witnesses/

Name

Harvey Ballco

Susan Hendrix  
SUSAN HENDRIX

State of New Jersey:

SS:

County of

On this 5th day of April in the year of 2019 SUSAN HENDRIX before me appeared, personally known to me, and who acknowledged the execution of the foregoing instrument as his/her/their free act and deed, for the consideration set forth therein.

Cheryl A. Hannam  
Notary Public

CHERYL A. HANNAM  
NOTARY PUBLIC OF NEW JERSEY  
Comm. #: 50058117  
My Commission Expires 4/5/2022



CLAIM NUMBER: LA000-037032344-04

DATE OF LOSS: 01/10/2017

**Release and Settlement of Claim Form**

(Please Read Carefully Before Signing)

I/We, the undersigned, Susan J. Hendrix, being of full age, for the sole consideration of Forty five thousand dollars (\$45,000.00), paid by Liberty Mutual Mid Atlantic Insurance Company (hereinafter referred to as LIBERTY), the receipt and sufficiency of which is hereby acknowledged, hereby release(s), acquit(s), and forever discharge(s) , LIBERTY, its assigns, directors, officers, employees, agents, attorneys, insurers, subsidiaries, predecessors, successors, and affiliates from all claims, actions, causes of action, compensation, damages, known or unknown, whether based in tort, statute, contract or any other theory of recovery, that the undersigned ever had, now has, or which may hereinafter accrue or otherwise be acquired, against LIBERTY under the Uninsured Motorist Coverage of Liberty Mutual's Policy Number AOU-238-177777-70 arising out of an accident that occurred on 01/10/2017, at or near Barnegat, NJ. The undersigned agrees that the above-referenced settlement amount includes any right, claim or demand for pre-settlement or post-settlement interest.

The undersigned further represents that there are no past or future liens or rights of reimbursement by any hospital, ambulance service, or other medical provider, Medicare, Medicaid, insurance company, workers' compensation provider, Governmental entity, non-governmental entity, attorney, or person enforceable against the proceeds of this settlement or against the parties released, or the persons, firms, or corporations making the payment herein. If such a lien or right is asserted against the proceeds herein or against the parties released or any person, firm or corporation making payment herein, then, in consideration of the payment made to the undersigned, the undersigned covenants to pay and satisfy such asserted lien or reimbursement right. The undersigned promises to obtain a release and discharge such lien or reimbursement right, and to defend, indemnify and hold harmless the parties released and the persons, firms or corporations making the payment herein, from any costs, expenses, attorney fees, claims, actions, judgments, or settlements resulting from the assertion or enforcement of such lien or reimbursement right by any person or entity having such lien or right.

Notwithstanding anything herein to the contrary, this release shall not release claims that Susan J. Hendrix may have, past and future, against medical care providers. The undersigned reserve their right to pursue and recover all future medical expenses from any person, firm or organization who may be responsible for payment of such expenses, including any first-party health or auto insurance coverage, but such reservation does not include the RELEASEES, their agents or employees.

The undersigned represents and warrants that no other person or entity has or has had any interest in the rights, claims, demands, damages, or causes of action, referred to in this release and that the undersigned has the sole right and exclusive authority to execute this release and receive the sum specified in it for all claims, and that the undersigned has not sold, assigned, transferred, conveyed or otherwise disposed of any of the rights, claims, demands, damages, or causes of action, referred to in this release.

The undersigned further agrees to do whatever is necessary and proper to enforce any rights he/she may have against any party who may be legally liable for the damages sustained by the undersigned in said accidents, including bringing, in his/her own name, any action necessary or appropriate to recover such damages.

(over)



In the event of any recovery by settlement or judgment, the undersigned shall reimburse LIBERTY, to the extent of its payments hereunder, less a pro rata share of the cost of securing such judgment or settlement, out of the proceeds of such recovery. The undersigned shall notify LIBERTY of all significant developments in any action undertaken to secure or enforce the undersigned's rights and shall execute and deliver to LIBERTY such instruments and papers as may be appropriate to secure the rights and obligations of the undersigned and LIBERTY established by the provisions of this release agreement. The undersigned further acknowledges his/her/their duties and obligations under the policy, including, but not limited to, the duty to cooperate with LIBERTY, which remains in full force and effect notwithstanding the terms and conditions of this release agreement.

This release agreement shall be a full, final, complete and binding settlement among the undersigned and LIBERTY, and their respective heirs, assigns and successors and the undersigned expressly waives and assumes the risks of any and all claims against LIBERTY for damages that are not known, suspected, or anticipated to exist, whether through ignorance, oversight, error, negligence, or otherwise and, which, if known, would materially affect the undersigned's decision to enter into this release agreement. The undersigned also fully assumes the risk that facts and/or law may be otherwise than believed.

The parties agree that the consideration and promises contained herein are mutual, adequate and accepted as full and binding consideration. This release agreement contains all of the terms and agreements between the parties and supersedes all or nullifies each and every other prior conflicting agreement, promise and/or negotiation between the parties. This release agreement may not be altered, amended or modified except in writing by all parties to the release agreement.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

IN WITNESS THEREOF, this 5 day of April, 2019.

SIGNATURE [Signature] ADDRESS 130 JERICHO RD TUCKERTON NJ 08087

SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_

#### CERTIFICATE OF WITNESSES

I CERTIFY THAT THIS RELEASE was signed in my presence by the above who acknowledged that they understood it fully.

WITNESS [Signature] ADDRESS 204 Cynthorse Lane Toms River NJ 08723

WITNESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

## Certificate of Notice Page 12 of 13

United States Bankruptcy Court  
District of New JerseyIn re:  
Susan Jane Hendrix  
DebtorCase No. 17-25686-MBK  
Chapter 13**CERTIFICATE OF NOTICE**

District/off: 0312-3

User: admin  
Form ID: pdf905Page 1 of 2  
Total Noticed: 44

Date Rcvd: May 03, 2019

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on May 05, 2019.

db  
516979828 +Susan Jane Hendrix, 130 Jericho Road, Tuckerton, NJ 08087-1411  
516988771 +Atlantic Heights Holding, LLC, PO Box 580, Lakewood, NJ 08701-0580  
516979832 +Charles D. Bauer, Esq., 489 Aurora Place, Brick, NJ 08723-5063  
516979833 +Client Services, 3451 Harry S. Truman Blvd., Saint Charles, MO 63301-9816  
516979840 +Commonwealth Financial Systems, 245 Main St, Dickson City, PA 18519-1641  
516979834 +Debt Recovery Solution, Attention: Bankruptcy, 6800 Jericho Turnpike Ste 113e, Syosset, NY 11791-4401  
517190534 +FirstEnergy, 101 Crawford's Corner Rd., Bldg # 1., Ste 1-511, Holmdel, NJ 07733-1976  
516979836 #+Global Lending Service, 5 Concourse Pkwy Ne Ste, Atlanta, GA 30328-7104  
516979838 +IC Systems, Inc, 444 Highway 96 East, St Paul, MN 55127-2557  
516979840 Jersey Central Power & Light, PO Box 16001, Reading, PA 19612-6001  
516979841 +LSF8 Master Participation Trust, c/o Fein, Such, Kahn & Shepard, P.C., 7 Century Drive, Suite 201, Parsippany, NJ 07054-4609  
516979842 +Medical Practice Mgmt Assoc., 1138 E. Chestnut Avenue, Suite 7C, Vineland, NJ 08360-5053  
516979844 +Mpma Inc, 1138 E Chesnut Ave Ste 7, Vineland, NJ 08360-5053  
516979848 NWP Services Corp, PO Box 553178, Detroit, MI 48255-3178  
517033651 +Navient Solutions, LLC. on behalf of, NUHEAA, PO BOX 548, Trenton, NJ 08625-0548  
517033652 Navient Solutions, LLC. on behalf of, United Student Aid Funds, Inc., Attn: Bankruptcy Litigation Unit E3149, PO Box 9430, Wilkes Barre, PA 18773-9430  
516979846 +New Jersey Natural Gas, 633 Lake Avenue, Asbury Park, NJ 07712-7108  
516979847 +Northland Group Inc., PO Box 390846, Minneapolis, MN 55439-0846  
516979850 +Stafford Surgical Specialist, A/R Department, 201 West Passaic Street #201, Rochelle Park, NJ 07662-3128  
516979851 +State of New Jersey, Division of Taxation, PO Box 245, Trenton, NJ 08602-0245  
517558765 United Student Aid Funds, Inc. (USAF), PO Box 8961, Madison WI 53708-8961  
516979853 Wells Fargo Bank, N.A., PO Box 5058, Portland, OR 97208-5058  
516979854 +Wells Fargo Home Mortgage, att Bankruptcy, 420 Montgomery Street, San Francisco, CA 94104-1207

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

smg E-mail/Text: usanj.njbankr@usdoj.gov May 03 2019 22:52:01 U.S. Attorney, 970 Broad St., Room 502, Rodino Federal Bldg., Newark, NJ 07102-2534  
smg +E-mail/Text: ustpreion03.ne.ecf@usdoj.gov May 03 2019 22:51:59 United States Trustee, Office of the United States Trustee, 1085 Raymond Blvd., One Newark Center, Suite 2100, Newark, NJ 07102-5235  
516979826 E-mail/Text: bkrpt@retrievalmasters.com May 03 2019 22:51:59 AMCA, PO Box 1235, Elmsford, NY 10523-0935  
516979827 +E-mail/Text: bnc-capio@quantum3group.com May 03 2019 22:51:58 AssetCare, LLC, PO Box 1127, Sherman, TX 75091-1127  
516979829 +E-mail/Text: bankruptcies@banfield.net May 03 2019 22:52:10 Banfield Pet Hospital, 18101 SE 6th Way, Vancouver, WA 98683-7509  
516979830 +E-mail/PDF: AIS.cocard.ebn@americaninfosource.com May 03 2019 22:59:50 Capital One, Attn: Bankruptcy, Po Box 30253, Salt Lake City, UT 84130-0253  
516979831 +E-mail/Text: bankruptcy@certifiedcollection.com May 03 2019 22:51:56 Certified Credit & Collection Bureau, PO Box 336, Raritan, NJ 08869-0336  
516979835 +E-mail/PDF: pa\_dc\_ed@navient.com May 03 2019 22:59:51 Dept Of Ed/Navient, Attn: Claims Dept, P.O. Box 9635, Wilkes Barr, PA 18773-9635  
516979837 E-mail/Text: bankruptcy@glslc.com May 03 2019 22:51:39 Global Lending Services, PO Box 10437, Greenville, SC 29603  
517142253 E-mail/Text: bankruptcy@glslc.com May 03 2019 22:51:39 Global Lending Services LLC, 1200 Brookfield Blvd Ste 300, Greenville, South Carolina 29603  
517248691 +E-mail/Text: cio.bncmail@irs.gov May 03 2019 22:51:47 Internal Revenue Service, PO Box 7346, Philadelphia, PA 19101-7346  
516979843 E-mail/Text: Meridianbankruptcy@hackensackmeridian.org May 03 2019 22:52:12 Meridian Health Payment, PO Box 417140, Boston, MA 02241-7140  
516979845 +E-mail/PDF: pa\_dc\_claims@navient.com May 03 2019 22:59:51 Navient, Attn: Bankruptcy, Po Box 9500, Wilkes-Barr, PA 18773-9500  
517136817 E-mail/PDF: pa\_dc\_claims@navient.com May 03 2019 22:59:40 Navient Solutions, LLC. on behalf of, Department of Education Loan Services, PO BOX 9635, Wilkes-Barre, PA 18773-9635  
516979849 E-mail/PDF: PRA\_BK2\_CASE\_UPDATE@portfoliorecovery.com May 03 2019 22:59:51 Portfolio Recovery, Po Box 41067, Norfolk, VA 23541  
517142644 E-mail/PDF: PRA\_BK2\_CASE\_UPDATE@portfoliorecovery.com May 03 2019 22:59:39 Portfolio Recovery Associates, LLC, C/O Dell Financial Services, LLC, POB 41067, Norfolk VA 23541  
517109924 E-mail/PDF: PRA\_BK2\_CASE\_UPDATE@portfoliorecovery.com May 03 2019 22:59:51 Portfolio Recovery Associates, LLC, c/o Capital One Bank, N.a., POB 41067, Norfolk VA 23541  
517145371 E-mail/Text: bnc-quantum@quantum3group.com May 03 2019 22:51:57 Quantum3 Group LLC as agent for, CP Medical LLC, PO Box 788, Kirkland, WA 98083-0788  
516979852 +E-mail/Text: wfmelectronicbankruptcy@verizonwireless.com May 03 2019 22:51:38 Verizon, Verizon Wireless Bankruptcy Administrati, 500 Tecnolgy Dr Ste 500, Weldon Springs, MO 63304-2225

District/off: 0312-3

User: admin  
Form ID: pdf905

Page 2 of 2  
Total Noticed: 44

Date Rcvd: May 03, 2019

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center (continued)

517095787 +E-mail/PDF: EBN\_AIS@AMERICANINFOSOURCE.COM May 03 2019 22:59:41 Verizon,  
by American InfoSource LP as agent, 4515 N Santa Fe Ave, Oklahoma City, OK 73118-7901  
516979855 E-mail/Text: documentfiling@lciinc.com May 03 2019 22:51:40 Xfinity/Comcast,  
1701 John F. Kennedy Blvd., Philadelphia, PA 19103-2838

TOTAL: 21

\*\*\*\*\* BYPASSED RECIPIENTS (undeliverable, \* duplicate) \*\*\*\*\*

516979839\* Internal Service Revenue, PO Box 7346, Philadelphia, PA 19101-7346

TOTALS: 0, \* 1, ## 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.  
USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

Addresses marked '#' were identified by the USPS National Change of Address system as requiring an update.  
While the notice was still deliverable, the notice recipient was advised to update its address with the court immediately.

**I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.**

**Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.**

Date: May 05, 2019

Signature: /s/Joseph Speetjens

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## CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on May 2, 2019 at the address(es) listed below:

Albert Russo docs@russotrustee.com  
Rebecca Ann Solarz on behalf of Creditor Global Lending Services LLC rsolarz@kmlawgroup.com  
U.S. Trustee USTPRegion03.NE.ECF@usdoj.gov  
William H. Oliver, Jr. on behalf of Debtor Susan Jane Hendrix bkwoliver@aol.com,  
R59915@notify.bestcase.com

TOTAL: 4